



HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470

email: ethics@hawaiiethics.org

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STATE OF HAWAII STATE ETHICS COMMISSIO?

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)								
PARTI LOBBYIST								
NAME(Last)	(First)	(Middle)	TELEPHONE					
ROLF	DAVID	H.	(808) 593-0031					
MAILING ADDRESS (Street)			FAX					
1100 ALAKEAS	ST. SUITE 2601		(808) 593-0569					
(City)	(State)	(Zip	Code)					
HONOLULU	HI	O	6813					
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE								
HAWAII AUTOM	ABILE DEALERS	ASSOCIATION	(808)593-0031					
MAILING ADDRESS (Street)	•		FAX					
1100 ALAKEA	ST. SUITE ZU	001						
(City)	(State)	(Zip	Code)					
HONOWLU	HI	9	6813					

PART II ORGANIZATION							
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE						
HAWAII AUTOMOBILE DEALERS ASSOC.	(808) 593-0031						
MAILING ADDRESS (Street)	FAX						
1100 ALAKEA ST. SVITE 2601	(08) 595-0569						
(City) (State)	(Zip Code)						
HONOLYLU HI	96813						
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE						
KEITH ARAKAKI	564-2178						
MAILING ADDRESS (Street)	FAX						
2850 PUKOLOA ST. SUITE 111	564-2800						
(City) (State)	(Zip Code)						
HONOLVLU HI	96819						

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PART	III DESCRIPTION OF	SUBJECTS UPON WHICH	1 YOU	EXPECT TO LOBBY			
	Agriculture	Education		Human Services	X	Science, Technology & Economic Development	
	Communications & Public Utilities	Government Operations & Finance	Χ	Intergovernmental Relation International Affairs	ts,	Tourism & Recreation	
×	Consumer Protection & Commerce	Hawaiian Affairs		Labor & Employment	X	Transportation	
	Culture, Arts, Historic Preservation	Health		Planning, Land & Water Use Management		Other: (indicate below)	
1	Ecology, Energy Environmental Protection	Housing		Public Safety & Correction	s		
PART	IV CERTIFICATION O	OF LOBBYIST					
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete. (Signature of Lobbyist) (Date)							
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PART	V AUTHORIZATION	TO LOBBY	:				
NAME			TITLE	OF AUTHORIZING OFFIC	ER OR PER	RSON REPRESENTED	
	(,		-				
BER	V NAKAOKA	OFA TREASURER					
NAME	OF ORGANIZATION (if applica	able)			TELEPHON		
Ham	ALL AVTOMOBILE	DEALERS ABSOL	ATI	000	808) E	93-0031	
MAILIN	IG ADDRESS (Street)				FAX		
1100		SVITE #2601			818) S	93-0569	
. (City)	(State) (Zip Code)					
HIN	OLULU	HI		968	13		
		ve - named person to engag	ge in lo	bbying activities on be	ehalf of the	undersigned.	
	b			1/7	2/17	-	
//	Denyam (1)	lakeska	(ما)		<u>-ク[0]</u>		
L `	 (Signature of Author) 	rizing Officer or Person Represent	iea)	·	(Date)		